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08933 7590 04/05/2004

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Joseph A. Powers	(Depositor's name)
<i>Joseph A. Powers</i>	(Signature)
2/1/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/489,461	01/21/2000	Phong Nguyen	004184.P1004	5879

TITLE OF INVENTION: AUTOMATIC IN SITU PELLICLE HEIGHT MEASUREMENT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MERLINO, AMANDA H	2877	356-630000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WAFERTECH, INC.

CAMAS, WASHINGTON

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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Issue Fee
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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1679 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	(Date)
<i>Joseph A. Powers</i>	7/1/04

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07/06/2004 JADDO2 0000009 09489461

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Express Mail Label No. EV394065195US

Docket No. N1161-00021

Notice of Allowance Dated: 04/05/2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Nguyen et al.**

Examiner: **Amanda H. Merlin**

Serial No.: **09/489,461**

Group Art Unit: **2877**

Filed: **January 21, 2000**

Confirmation No.: **5879**

For: **AUTOMATIC IN SITU PELLICLE HEIGHT MEASUREMENT SYSTEM**

I hereby certify that this correspondence is being deposited on the date shown below with the U.S. Postal Service with sufficient postage as "Express Mail Post Office to Addressee" using Mailing Label Number EV394065195US addressed to Mail Stop Issue Fee, Commissioner for Patents, Washington, DC 20231 in accordance with 37 CFR 1.10

on 7/1/04



Joseph A. Powers, Registration No. 47,006

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ISSUE FEE TRANSMITTAL LETTER

Dear Sir:

Transmitted herewith is the payment for the Issue Fee for the above-captioned patent application, which is due on July 6, 2004. A check in the amount of \$1,330.00 is enclosed for the issue fee as shown in the enclosed Form PTOL-85B.

Please charge any associated underpayment or credit any overpayment to Deposit Account 04-1679.

Respectfully submitted,

Dated: 7/1/04

Joseph A. Powers

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